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CONFIRMATION NO. 2606

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|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/765,897  | <b>FILING OR 371(c) DATE</b><br>01/29/2004<br><b>RULE</b>   | <b>CLASS</b><br>711               | <b>GROUP ART UNIT</b><br>2188   | <b>ATTORNEY DOCKET NO.</b><br>4425-343 |                                |
| <b>APPLICANTS</b><br>Chih-Yung Chen, Hsin-Tien City, TAIWAN;<br>Kun-Long Lin, Hsin-Tien City, TAIWAN;<br><br><b>** CONTINUING DATA *****</b> <i>none JS</i><br><br><b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 092102128 01/30/2003 <i>JS</i>  |   |                                   |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/12/2004</b>  |   |                                   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>20              | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>LOWE HAUPTMAN GILMAN & BERNER, LLP<br>Suite 310<br>1700 Diagonal Road<br>Alexandria, VA22314  |   |                                   |   |  |                                |
| <b>TITLE</b><br>System chip and related method of data access   |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |